

Telephone 517-323-8510

ENROLLMENT FORM FOR ELECTRONIC PAYMENT DELTA CHARTER TOWNSHIP PROPERTY TAX BILLS

Account Information:		
Name		
Property Address		
Mailing Address (if different)		
City	State	Zip
Daytime Tel ()	Property No	
Financial Institution Information:		
Bank Name	Check	xing Savings
Routing No	Acct. No	
If available, please enclose a voided check or of the voided check should show the name of you account number. <i>Please note that this form is ONLY</i> .	ur financial institution,	the ABA/routing number and your
Your Signature Of Authorization: For S	Summer and Winter 20	010 TAXES
I authorize Delta Charter Township to account indicated above on dates checked earliest date checked below. Summer taxes September 14 Winter taxes December 31, Furthermore, I understand that Delta Cand that penalties apply if the account	ked below. Please return, 2010 , 2010 or Charter Township may o	rn this form 10 days before the February 14, 2011 discontinue this service at any time
Your Signature Is Required		
Signature		Date